

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant

10/591365

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2								52					
3					1			53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
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13								63					
14								64					
15								65					
16								66					
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18								68					
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36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			1		1			TOTAL IND.		1			
TOTAL DEP.			3		3			TOTAL DEP.		3			
TOTAL CLAIMS		4						TOTAL CLAIMS					